



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM

SV-8999

1997 ECONOMIC CENSUS SHORT FORM

OMB No. 0607-0827: Approval Expires 10/31/99

DUE DATE ► **FEBRUARY 12, 1998**

This form is being sent in lieu of the regular economic census form in order to minimize reporting burden. Please answer the questions on this form and return it in the enclosed envelope to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

SV-8999

Census use

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes
2 ☐ No
3 ☐ No legal boundaries
4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough
2 ☐ Town or township
3 ☐ Other – Specify
4 ☐ Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 2. KIND OF BUSINESS OR ACTIVITY

Mark (X) the ONE box which best describes the **PRINCIPAL** business or activity of this establishment in 1997.

Professional services (except medical)

070

Architectural services ☐ 871200 2
Engineering services ☐ 871100 4
Office of certified public accountants (CPA's) . . . ☐ 872110 2
Office of accountants, except certified public accountants (CPA's) ☐ 872120 1
Tax preparation service ☐ 729100 8
Bookkeeping or billing service ☐ 872120 1

Scientific and related consulting, except environmental and actuarial ☐ 899911 2
Actuarial consulting ☐ 899912 0
Environmental consulting ☐ 899920 3
Other consulting service ☐
Other profession ☐

Arts and entertainment related services

Author, composer, or writer ☐ 899930 2
Artist or artist's studio, **except** commercial . . . ☐ 899930 2
Record producer (contracting with musical artists and arranging and financing the production of original master recordings) ☐ 899993 0
Music publishing, except sheet music and music books ☐ 899994 8

ITEM 2 CONTINUED ON PAGE 2

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 2. KIND OF BUSINESS OR ACTIVITY – Continued**Arts and entertainment related services – Continued**

- Integrated record production/distribution (primarily engaged in releasing, promoting, and distributing sound recordings) ☐ 899995 5
- Other arts or entertainment service ☐

Accommodations

- Bed and breakfast inn with 25 guestrooms or more ☐ 701170 3
- Bed and breakfast inn with less than 25 guestrooms ☐ 701190 1
- Hotel with 25 or more guestrooms, except casino hotel ☐ 701160 4
- Casino hotel ☐ 701150 5
- Hotel with less than 25 guestrooms ☐ 701180 2
- Motel ☐ 701131 5
- Motor hotel ☐ 701140 6
- Other type of accommodations ☐

Health practitioners

- Physician(s), except mental health specialists (practitioner(s) having **M.D.** degree and engaged in the practice of general or specialized medicine and/or surgery) ☐ 801101 7
- Physician(s), except mental health specialists (practitioner(s) having **D.O.** degree and engaged in the practice of general or specialized medicine and/or surgery) ☐ 803101 5
- Psychiatrist(s) or other mental health physician(s) having **M.D.** degree ☐ 801102 5
- Psychiatrist(s) or other mental health physician(s) having **D.O.** degree ☐ 803102 3
- Mental health practitioner(s) (including psychiatric social workers, clinical psychologists, and psychotherapists NOT having **M.D.** or **D.O.** degree) ☐ 804910 8
- Dentist(s) or other specialty dental practitioner(s) having D.M.D., D.D.S., or D.D.Sc. degree (including orthodontists, endodontists, oral and maxillofacial surgeons, etc.) ☐ 802100 8
- Optometrist(s) ☐ 804200 4
- Physical or occupational therapist(s) ☐ 804920 7
- Other health practitioner ☐

Medical facilities and other medical services

- HMO medical clinic (operated by the provider of a prepaid medical plan) ☐ 801103 3
- Ambulatory surgical or urgent care center ☐ 801104 1
- Diagnostic imaging center (providing a variety of imaging services such as x-ray, sonogram, and magnetic resonance imaging) ☐ 807120 1
- Medical laboratory (providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician) ☐ 807110 2
- Home health care agency (including visiting nurse association) ☐ 808200 0
- Other home health service (including home infusion, inhalation, or perfusion therapy) ☐ 808200 0
- Medical equipment rental or leasing, except home health furniture and equipment ☐ 735201 6
- Home health furniture and equipment rental and leasing ☐ 735202 4
- Other medical facility or service ☐

- Retail trade** (selling goods to household consumers) ☐

Item 2. KIND OF BUSINESS OR ACTIVITY – Continued**Wholesale trade**

070

- Selling goods to which you have title ☐
- Selling as agent or broker for other firms (including **manufacturers' representatives**) ☐

Publishing (including publishers with printing facilities) – *Describe product(s) published in item 3* ☐

Printing and allied industries (excluding publishing) – *Describe type of printing used and primary product(s) printed in item 3* ☐

Other business or activity – *Describe* ☐

Item 3. SOURCE OF SALES OR RECEIPTS

Describe the principal product (or line of products) sold or service provided.

REMARKS – *Please use this space for any explanations that may be essential in understanding your reported data.*

Item 4. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report FROM: Mo. | Year TO: Mo. | Year

Name of person to contact regarding this report – *Print or type*

Title

Telephone Area code Number Extension

Signature of authorized person Date